

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/997230

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	INO.	OEP.	INO.	OEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14						
15	1					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL OEP.	12					
TOTAL CLAIMS	15					

	*		*		*	
	INO.	OEP.	INO.	DEP.	INO.	OEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

15
3

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS